IMMUNIZATION ATTESTATION STATEMENT

l,	attest that
I, (print parent/guardian name)	(print child's name)
has received all required immunizations.	
(parent/guardian	signature)/(date)
Immunization Attestation Statement (12/14)	
-	TESTATION STATEMENT
l,	attest that
(print parent/guardian name)	(print child's name)
has received all required immunizations.	
	1 1
(parent/guardian	signature) (date)